

<i>SERFF Tracking Number:</i>	<i>DDAR-127691030</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>49955</i>
<i>Company Tracking Number:</i>	<i>WS-DDAR-SOB-12C</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>WS-DDAR-SOB-12C</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12C/</i>		

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: WS-DDAR-SOB-12C
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form

SERFF Tr Num: DDAR-127691030 State: Arkansas
SERFF Status: Closed-Approved State Tr Num: 49955
Co Tr Num: WS-DDAR-SOB-12C State Status: Approved-Closed
Reviewer(s): Donna Lambert
Author: Sara Farris Disposition Date: 12/05/2011
Date Submitted: 10/05/2011 Disposition Status: Approved
Implementation Date: 01/05/2012

Implementation Date Requested:
State Filing Description:

General Information

Project Name: WS-DDAR-SOB-12C
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type:
Filing Status Changed: 12/05/2011
State Status Changed: 12/05/2011
Created By: Sara Farris
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Overall Rate Impact:

Deemer Date:
Submitted By: Sara Farris

This is the last of four Schedules of Benefits I am filing for a large new client. This Schedule of Benefits is for a separate category of employees.

Company and Contact

Filing Contact Information

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:

<i>SERFF Tracking Number:</i>	<i>DDAR-127691030</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>WS-DDAR-SOB-12C</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12C/</i>		
Sherwood, AR 72120	Group Name:	State ID Number:	
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	10/05/2011	52504813

SERFF Tracking Number: DDAR-127691030

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49955

Company Tracking Number: WS-DDAR-SOB-12C

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: WS-DDAR-SOB-12C

Project Name/Number: WS-DDAR-SOB-12C/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/05/2011	12/05/2011
Approved	Donna Lambert	10/12/2011	10/12/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	WS-DDAR-SOB-12C	Sara Farris	12/05/2011	12/05/2011

SERFF Tracking Number: DDAR-127691030

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49955

Company Tracking Number: WS-DDAR-SOB-12C

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: WS-DDAR-SOB-12C

Project Name/Number: WS-DDAR-SOB-12C/

Disposition

Disposition Date: 12/05/2011

Implementation Date: 01/05/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>DDAR-127691030</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>49955</i>
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<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>WS-DDAR-SOB-12C</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12C/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Form	WS-DDAR-SOB-12C	Replaced	Yes
Form	WS-DDAR-SOB-12C	Approved	Yes

SERFF Tracking Number: DDAR-127691030

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49955

Company Tracking Number: WS-DDAR-SOB-12C

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: WS-DDAR-SOB-12C

Project Name/Number: WS-DDAR-SOB-12C/

Disposition

Disposition Date: 10/12/2011

Implementation Date: 11/14/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	WS-DDAR-SOB-12C		
Project Name/Number:	WS-DDAR-SOB-12C/		

Amendment Letter

Submitted Date: 12/05/2011

Comments:

We corrected the group name.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
WS-DDAR-SOB-12C	Schedule (2)Pages	WS-DDAR-SOB-12C	Revised				0.000	WS-DDAR-SOB-12C (2).pdf

SERFF Tracking Number:	DDAR-127691030	State:	Arkansas
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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	WS-DDAR-SOB-12C		
Project Name/Number:	WS-DDAR-SOB-12C/		

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Replaced 12/05/2011	WS-DDAR-SOB-12C	Schedule Pages	WS-DDAR-SOB-12C Initial			0.000	WS-DDAR-SOB-12C.pdf
Approved 12/05/2011	WS-DDAR-SOB-12C	Schedule Pages	WS-DDAR-SOB-12C Revised		Replaced Form #: Previous Filing #:	0.000	WS-DDAR-SOB-12C (2).pdf

Delta Dental PPO Plus Premier

Schedule of Benefits for Windstream Communications – CWA7172 and IBEW204

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time,

Group Number: 9620

Annual Deductible: \$25 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$75 per family per benefit period. There is no deductible on Coverage A.

Carry Forward Deductible: If a charge is incurred for a covered service during the last three (3) months of any calendar year and is applied to the deductible for that year, such charge will also be applied to the deductible for the next calendar year.

Annual Maximum Payment:

- **In Network:** \$1,000 per person per benefit period
- **Out of Network:** \$1,000 per person per benefit period

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In Network 100% MPA

Out of Network 100% MPA

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays two (2) sets of four (4) in a benefit period.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Intraoral-periapical x-rays.
- X-rays, except as mentioned elsewhere.
- Pulp vitality and bacteriological studies for determination of bacteriologic agents.
- Diagnostic casts.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.* **Please see information on Evidence Based Dentistry.**

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

- Emergency palliative treatment to relieve tooth pain.
- Topical application of fluoride for dependent children to age nineteen (19), once in a twelve (12) month period.
- Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age fifteen (15) and limited to once per lifetime.
- Consultations, but not more than twice in a twelve (12) month period.
- Injections of therapeutic drugs.

Coverage B – Basic Restorative Services

**In Network 80% MPA
Out of Network 80% MPA**

- Amalgam (silver) and composite/resin (white) fillings.
- Sedative fillings.
- Biopsies of hard or soft oral tissue.
- Oral surgery, including pre- and post-operative care and surgical extractions.
- Simple extractions.
- Root canal treatment.
- Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four (4) times in any benefit period less the number of teeth cleanings received during such benefit period.
- Periodontal scaling and root planing, but not more than once per quadrant in any twenty four (24) month period.
- Full mouth debridements but not more than once per lifetime.
- Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one surgical procedure per quadrant in any twelve (12) month period. *** Please see information on Evidence Based Dentistry.**
- Therapeutic pulpotomy (excluding final restoration).
- Pulp therapy.
- Apexification/recalcification.
- General anesthesia or intravenous sedation in connection with oral surgery and extractions.
- Re-cementing of cast restorations or dentures, but not more than one (1) in twelve (12) consecutive months.
- Adjustments of dentures, if at least six (6) months have passed since the installation of the denture, but not more than twice in a twelve (12) month period.
- Addition of teeth to a partial removable denture to replace natural teeth removed while this dental insurance was in effect for the person receiving such services.
- Simple repairs of cast restorations or dentures other than recementing.
- Occlusal adjustments, but not more than twice in a twelve (12) month period.

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Coverage C – Major Restorative Services**In Network 50% MPA
Out of Network 50% MPA**

- Initial installation of full or partial dentures or implants when needed to replace congenitally missing teeth or when needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this certificate.
- Replacement of a non-serviceable fixed denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of a non-serviceable removable denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of an immediate, temporary, full denture with a permanent, full denture, if the immediate temporary, full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full denture.
- Relinings and rebasings of existing removable dentures if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Initial installation of cast restorations.
- Replacement of any cast restoration with the same or a different type of cast restoration, but no more than one replacement for the same tooth surface within sixty (60) months of a prior replacement.
- Prefabricated stainless steel crown or prefabricated resin crown, but no more than one (1) replacement for the same tooth surface within five (5) years.
- Core buildup, but no more than once per tooth in a period of sixty (60) months.
- Posts and cores, but no more than once per tooth in a period of sixty (60) months.
- Labial veneers, but no more than once per tooth in a period of sixty (60) months.
- Implant supported cast restorations, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported fixed dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported removable dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning, but not more than twice in a thirty six (36) month period.

Rider(s)**Child Orthodontic Rider – Orthodontic Services
Lifetime Maximum Payment : \$1,000****In Network 50% MPA
Out of Network 50% MPA****Children are covered up to age 26.****Adult Orthodontic Rider – Orthodontic Services
Lifetime Maximum Payment : \$1,000****In Network 50% MPA
Out of Network 50% MPA**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

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Temporomandibular Joint Disorder

Non-surgical treatment of temporomandibular joint (TMJ) disorders. Services include appliance and x-rays related to the treatment and diagnosis of TMJ.

Lifetime Maximum Payment: Included in Orthodontic Lifetime Maximum Payment

(*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

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Delta Dental PPO Plus Premier

Schedule of Benefits for Windstream Corporation – CWA7172 and IBEW204

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time,

Group Number: 9620

Annual Deductible: \$25 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$75 per family per benefit period. There is no deductible on Coverage A.

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- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age fifteen (15) and limited to once per lifetime.
- Consultations, but not more than twice in a twelve (12) month period.
- Injections of therapeutic drugs.

Coverage B – Basic Restorative Services

**In Network 80% MPA
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- Amalgam (silver) and composite/resin (white) fillings.
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- Addition of teeth to a partial removable denture to replace natural teeth removed while this dental insurance was in effect for the person receiving such services.
- Simple repairs of cast restorations or dentures other than recementing.
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Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved	10/12/2011
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved	10/12/2011
Bypass Reason:	n/a		
Comments:			